SECTION I: FACILITY INFORMATION
Instructions: Complete the following descriptive information about your facility. This information accurately describes the location of your facility and establishes mailing and phone contacts. If facility location and mailing address are identical, you may put "same" into facility mailing address spaces.
Type of Permit: Permit by Rule Conditional Authorization
1. CURRENT FACILITY NAME:
PAST NAMES (Attach additional pages if necessary):
2. EPA I.D. NUMBER:
3. NAME OF FACILITY OWNER (see definition of owner):
4. NAME OF FACILITY OPERATOR:
5. NAME OF PROPERTY OWNER:
6. FACILITY LOCATION ADDRESS:
STREET:
CITY:
COUNTY:
STATE: ZIP CODE:
7. FACILITY MAILING ADDRESS (if different from FACILITY LOCATION ADDRESS):
STREET:
CITY:
STATE: ZIP CODE:
8. FACILITY TELEPHONE NUMBER:
9. FACILITY FAX NUMBER:
10. NAME OF FACILITY CONTACT PERSON:
11. TITLE OF FACILITY CONTACT PERSON:
12. PHONE NUMBER OF FACILITY CONTACT PERSON:

13. AI	DDRESS OF FACILITY CONTACT PERSON:		
STR	EET:		
CIT	Y:		
STA	TE: ZIP CODE:		
SECTION	ON II: FACILITY HISTORY		
past oper employee	ns: Complete this section regarding facility history based on reasonably available knowledge of the facility. This section wating practices and significant historical events that occurred at the facility indicate potential areas of contamination. Curre who know about the facility's past operating practices can be an asset in completing this section of the checklist. Yes ans mean that careful attention must be paid to these areas and considerations when completing the facility walk-through inspections.	nt and past wers to these	f
		YES	NO
1.	Has an environmental assessment and/or a site investigation report ever been completed for the facility? If this assessment meets the criteria for substituting for this checklist (see Instructions), use the Signature and Certification Page to record this exemption. You need not release confidential assessments. However, if these reports indicate existing or potential contamination, you must use the information relied on by the confidential report to help reach a conclusion in this assessment.		
2.	To your knowledge, have areas of the facility that contain hazardous materials ever been flooded?		
3.	To your knowledge, has the facility ever been damaged by an earthquake that could cause contamination?		
4.	To your knowledge, has the location for the facility ever been used for industrial purposes prior to its current use? If YES, then consider potential contamination from the type of industry that the location was formerly used for.		
5.	To your knowledge, has there been any disposing of hazardous chemicals or hazardous wastes in, on, or under the property?		
6.	To your knowledge, has the facility ever had electrical transformers, capacitors, or hydraulic equipment including, but not limited to elevators and auto lifts, at the facility which may have released PCBs or oil to the environment? (Not including small quantities of fluorescent light ballasts and capacitors if these materials were not disposed of or dismantled at the facility) If YES, was the equipment ever tested for the presence of PCBs?		
7.	To your knowledge, has testing of any groundwater wells on the property ever revealed		
	possible contamination?		
8.	Do you have in your possession, or do you know of the existence of any photographs, geophysical reports, analytical test data, and/or air sampling data that indicates the possible presence of hazardous materials and/or waste in unwarranted or unexpected areas of the facility?		
9.	To your knowledge, has the facility ever had liquid/sludge containment area(s), surface impoundment(s), collection pond(s), and/or lagoon(s)?		

10.	To your knowledge, have land-farming or bioremediation been used at the facility?	
11.	To your knowledge, has the facility ever burned hazardous wastes, unidentified waste materials, tires, or automotive batteries at the facility?	
12.	To your knowledge, have ash and/or combustion residuals been disposed of at the facility?	
13.	To your knowledge, have any underground storage tank(s) been removed, abandoned, or taken out of service from the facility? Tanks removed, abandoned, or taken out of service under the oversight of a responsible agency need not be considered if the agency addressed potential contamination at the tank location.	
14.	To your knowledge, has any contaminated soil been discovered and/or remediated at the facility without oversight by an appropriate regulatory agency?	
15.	To your knowledge, have there been fires and/or explosions at the facility which may have caused a release of hazardous waste or materials?	
16.	To your knowledge, has the facility ever received complaints from any employees, neighbors, or the public about the facility's practices for managing hazardous wastes, or any actual or potential releases to air, water, or soil, or other environmental issues?	
17.	To your knowledge, have nearby residents complained to a governmental agency of any type of illnesses or unusual illnesses as having been caused or suspectedly caused by or related to activities at the facility? (Note: this item does not require questioning the facility's neighbors) If YES, indicate below the person and/or agency who recorded the complaint.	
	If YES, to your knowledge, has any evidence been submitted to a physician to substantiate the claim?	
18.	To your knowledge, are there any areas at the facility which were formerly used for hazardous waste or hazardous materials transfer (e.g. tank loading areas, drum transfer areas)?	
19.	To your knowledge, are there, or have there been lawsuits or administrative proceedings concerning an actual, alleged, or threatened release of any hazardous substance against the facility by another party? Only actions concluded by settlement or litigation need be considered.	

SECTION IV: FACILITY WALK-THROUGH INSPECTION - OTHER AREAS

Instructions: This section of the checklist requires the owner and/or operator of the facility to conduct a walk-through inspection of the those portions of the facility not addressed in Section III in order to identify possible environmental problems, environmental warning signs or potential exposure to people, animals, or plants. Some of the problems that may be discovered during this inspection include abandoned storage tanks, spill areas, surface impoundments, etc. Some of the environmental warning signs include stains, discolored vegetation, and/or unnatural terrain. During the inspection, were any of the following present:

		Y	ES	NO	
1.	Does the facility have vent pipes, the presence of an underground st	fill pipes, and/or access routes that may indicate orage tank?			
2.	and/or walls at the facility which	or discolorations of the soil, flooring, drains may indicate a release to the environment that under the oversight of an appropriate agency?			
3.	may indicate onsite disposal or la	at the facility that appear disturbed and which and treatment of hazardous materials or versight by an appropriate agency?			
4.	Does the facility have areas at the facility where the terrain appears unnatural, such as unexplained mounds or depressions?				
5.	Does the facility have unusual smells or odors emanating from the soil, floor, drains, and/or walls at the facility?				
6.	Does the facility have dead, abnormal, or distressed-looking vegetation or conspicuous absence of vegetation at the facility that is not directly explainable by a deliberate action and/or lack of water at the site?				
7.	Where does rain and/or washwater drain to at the facility? (circle all that apply) Note: slightly contaminated storm or washwater can seriously contaminate evaporation or settling areas (with no drainage) over a period of time.				
	a. Storm Drain b. Sewer c. Drainage Ditch d. Open Lan e. Areas of p	pooling, settling, or evaporation			

	AREA OF CONCERN DATASHEET			
THROUG other know agency.	Instructions: Complete the following questions in detail for EACH release or suspected release identified in SECTION IV FACILITY WALK-THROUGH INSPECTION - OTHER AREAS and any other known or suspected releases. Do not include areas that have been or are being remediated under the oversight of an appropriate agency. If answers to questions are not known, then state "unknown".			
1.	Facility name:			
2.	This sheet is being completed for a:			
	Known release Suspected release			
3.	How was this release or suspected release discovered?			
	During the walk-through inspection? Previously known release?			
	What checklist question(s) are related to this release (section/question)			
4.	When did the release occur?			
5.	What was released and how much?			
6.	What caused the release?			
7.	Indicate the approximate area of the release (e.g. 3 feet in diameter, 5 feet X 4 feet.)			
8.	Was the release remediated? If YES, explain how. (Note: A datasheet need not be completed for releases remediated or being remediated under the oversight of an appropriate agency.			
9.	Were samples collected? If yes, what were the results?			
10.	List any environmental reports or studies performed on the area of concern and attach copies or summaries of the reports not submitted to the Department.			
	Name of preparer:			
	Title of preparer:			
	Date:			

SIGNATURE AND CERTIFICATION FOR PERMIT-BY-RULE AND CONDITIONAL AUTHORIZATION

Instructions: Carefully read the certification below. If you feel uncomfortable signing this certification, review the instructions and the information developed in the preparation of the checklist and correct any deficiencies you have found. Be sure that you check one of the boxes below to record your decision regarding further investigation. If you are claiming exemption from completing a Phase I Environmental Assessment, complete that section below.

who is r		r, or independent professional engineer, geolo lifornia, shall certify to the following stateme	
	Yes, further investigation facility; or	is needed to determine the existence, nature,	and/or extent of contamination at the
	No, further investigation i at the facility.	s not necessary to determine the existence, na	ture, and/or extent of contamination
		ting the checklist and/or from resulting follow ply documentary evidence (see instructions)].	
respons informe exempti	ed in this document and all ible for obtaining it, the info d, I certify to my best judge	, I certify that I have personally examined and attachments, and based on my inquiry of thos ormation is true, accurate, and complete to the ement that the conclusion recorded above regardnase I Environmental Assessment is correct. Name, Title, and Company Name	e individuals immediately best of my knowledge. Thus ording further investigation or
Or:	, organical	Traine, Trac, and Company Traine	
Or: Cer the State		Name, Title, and Company Name at professional engineer, geologist, or environe by a registered professional is optional for liftix stamp.	-
Signatu		Name, Title, Registration Number	Date

SECTION III: FACILITY WALK-THROUGH INSPECTION - SPECIFIC AREAS

Instructions: List each area of the facility where hazardous materials are present. The listing area is divided into functional divisions for convenience. Individual units may be grouped on the chart, but must be individually inspected. Carefully examine each of these areas during the walk-through inspection to determine the presence of releases or possible releases and record the results in the appropriate column, date and initial the entry. Complete a <u>Release Information Data Sheet</u> for each actual and possible release found. Using your best judgement, decide if any actual or suspected releases found require further investigation and record the results on the <u>Release Information Data Sheet</u> and in the appropriate column on this chart. If uou need additional space, photocopy this sheet.

HAZARDOUS MATERIAL AREA	INSPECTED (Yes or No)	ACTUAL OR SUSPECTED RELEASE (Yes or No)	REQUIRES FURTHER INVESTIGATION (Yes or No)
LOADING/UNLOADING AREAS			
HAZARDOUS MATERIALS USE AREAS			
HAZARDOUS WASTE GENERATION AREAS			
INZINDOGS WIGHT GENERATION ANDAG			
HAZARDOUS WASTE TREATMENT/STORAGEAREAS			